

Quality Standards List for Hospitals

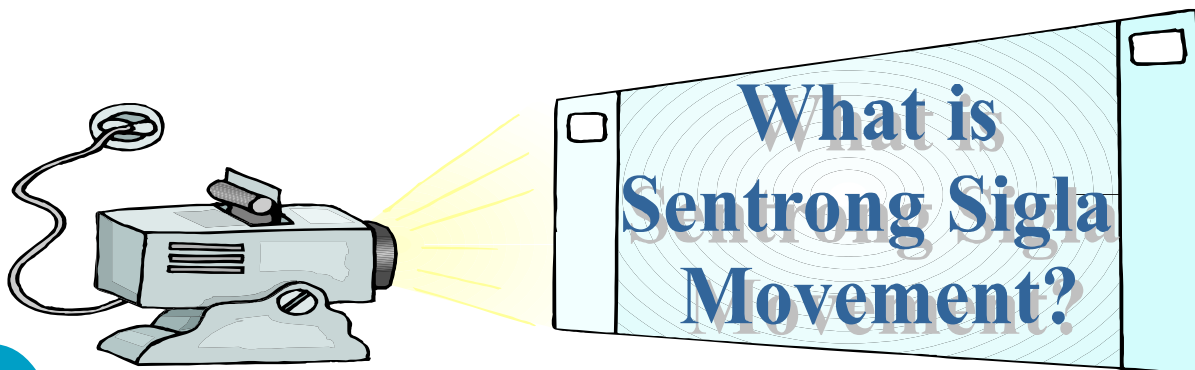
Level 1

**Certification and Recognition Program
Sentrong Sigla Movement**



October 2000





Sentrong Sigla Movement (SSM) aims to improve the quality of public health services. Through its **Certification and Recognition Program or CRP**, Sentrong Sigla recognizes local government units (LGUs) and certifies health facilities that meet requirements and standards to deliver quality services. The CRP has three levels of certification with Level 1 as the entry level. The participating facility progresses through Levels 1, 2 and 3 until it gets elevated to the SSM's Hall of Fame. A Sentrong Sigla certified facility eventually gets into the continuous quality improvement (CQI) mode enabling the facility staff to set their own standards of quality.

What is the Level 1 Quality Standards List for Hospitals?

The Level 1 Quality Standards List for Hospitals includes the recommended standards and requirements for providing quality services in provincial, city and district hospitals. This list was developed based on existing program guidelines from the Department of Health (DOH).

There are general conditions or requirements that are critical in every facility and are therefore considered as inclusion criteria for participation in Level 1:

- ✎ *The Hospital has been licensed for the last one year or at least with a pending request for renewal of license in the same category as the previous year's:*
 - *Provincial/City hospital - Tertiary*
 - *District - Secondary*
- ✎ *Hospital has had no gap in its "license to operate" (LTO) for the last 5 years*
- ✎ *Hospital is accredited as Mother-Baby Friendly*

Who is the Quality Standards List's intended user?

The List is meant for service providers or staff, local health managers, local chief executives, Sentrong Sigla teams and other users interested and involved in improving quality of services being provided in the facility. Using the List, any user will be able to assess if his/her facility meets the quality standards for providing health services or if not, what improvements are needed to meet the standards.

What health facilities are being referred to?

The Sentrong Sigla Certification and Recognition Program covers health facilities like hospitals, rural health units/health centers and barangay health stations. This List is intended only for **provincial/city and district hospitals**.

What is the focus of Level 1 standards?

Level 1 standards focus on “inputs” like the basic infrastructure, equipment, pharmaceuticals and supplies and other conditions that are necessary to demonstrate “preparedness” or “readiness” of the facility to provide the services. There are also some “process” standards that are already included. These standards are in the following areas:

- **Infrastructure/Amenities**
- **Health Services**
- **Attitude and Behavior of Health Workers**
- **Health Human Resources**
- **Equipment**
- **Drugs, Medicines and Supplies**
- **Health Information System**
- **Community Interventions**



Note to Users:

The List provides the basic standards and requirements that are being recommended under Sentrong Sigla for Level 1 certification. There are corresponding standards for Levels 2 and 3. Once a facility meets Level 1 standards and gets certified, under the Sentrong Sigla Certification and Recognition Program, the facility and its staff will be introduced to continuous quality improvement (CQI) tools and techniques in order to maintain Level 1 standards, and also strive for higher levels of certification.

It is expected that certain aspects of quality standards maybe defined differently and may vary from program to program, facility to facility and from one person to another. However, for Sentrong Sigla, these are the standards being recommended. These standards were developed based on existing DOH program standards and was a result of a series of consultation activities at different levels of the health system.

1.1

The Hospital should have the following general infrastructure/conditions/amenities:

1.1.

Each facility must have these basic infrastructure/conditions:

- ✍ Generally clean and orderly environment
- ✍ Sufficient seating for patients
- ✍ Sign board listing facility hours and available services
- ✍ Disabled friendly with ramps in areas with stairs
- ✍ With electricity/power source
- ✍ Adequate lighting and ventilation in all service areas
- ✍ Light source for examination: goose neck lamp and flashlights
- ✍ Covered water supply-sufficient for hand washing and for comfort rooms or toilets
- ✍ Hand washing area with water, soap and towels
- ✍ Covered garbage containers, properly labelled and segregated in accordance with hospital waste management protocol
- ✍ Examination room with visual and auditory privacy
- ✍ Examination table with clean linen/paper
- ✍ Bench or stool for examination table
- ✍ Facility or area for washing linens
- ✍ Cleaning/sterilizing supplies for clinical instruments
- ✍ Cleaning supplies for the facility
- ✍ Working and clean comfort rooms for clients/patients and staff with adequate water supply and handrails for the disabled
- ✍ Garden/parking area well kept and clean and green
- ✍ Morgue for tertiary hospitals
- ✍ Emergency Room (ER) readily accessible to the public

○ At the Emergency Room

At all times, the hospital must be able to accommodate clients who seek consultation.

○ At the Out-Patient Department

- ✍ Clinic hours and services must be presented in a board seen by clients/patients
- ✍ Client/patient waiting time must be as brief as possible
- ✍ Direct client/patient care should take precedence over all other tasks

○ The hospital should maintain/practice the following:

- ✍ General cleanliness/tidiness
- ✍ Concept of “clean and green” must be integrated in all the facets of the hospital operations.
- ✍ Orderliness in terms of client flow. There should be *directional* signage for clients reference. Posters illustrating process flow for hospital services should be posted or placed in a conspicuous area.
- ✍ Practicing disinfection of laundry
- ✍ Practicing Pest and Vermin Control
- ✍ Practicing good hospital waste management with the following:
 - A hospital staff in-charge of hospital waste management
 - A manual on hospital waste management for reference

2.1

In general, hospital services should have or maintain the following:

1.

In terms of services:

- ✍ Wide range of preventive and curative health services
- ✍ Preventive, promotive and rehabilitative (health education) programs in place. There should be regular schedule of health teachings, e.g. watchers' conference
- ✍ Must at all times practice the mother-and baby-friendly principle

2.

In terms of privacy:

- ✍ Diagnostic and Treatment Rooms or Areas have curtains/doors/dividers for visual and auditory privacy.

3.

In terms of consultation/clinic hours:

- ✍ Flexible enough to accommodate clients unable to consult during regular working hours (OPD).

4.

In terms of health promotion & education:

- ✍ Health education room for individual and group counselling
- ✍ Organized advocacy groups for TB, asthma, diabetes and other chronic diseases
- ✍ Availability of IEC materials (EPI, CDD, CARI, RHFP, Cervical Cancer, TB, STD-AIDS, MCH, Nutrition)

2.2

The hospital's Out-Patient Department (OPD) should have or maintain the following :

1.

Sufficient seating for client/patient:

Waiting area for patients/clients must have adequate seats and should be well ventilated.

2.

Flow chart posted in strategic areas

This flow chart should indicate the flow of procedures in the OPD.

3.

Client waiting time must be as brief as possible

Client waiting time in the Out-Patient Department (OPD) should not be more than 30 minutes. Client should be seen by health staff within 30 minutes after registration. During clinic hours, direct client care should take precedence over all the other tasks. Clients should not be made to wait merely to be seen because staff are writing or transferring notes, doing reports or performing other tasks not directly related to client care.

3.

Direct care at the OPD at least 30 minutes for each client

This time is inclusive of history-taking, physical examination, treatment and health education.

2.3

The hospital's Emergency Room (ER) should have or maintain the following :

1.

Flow chart posted in strategic areas

This flow chart should indicate the flow of procedures in the ER.

2.

Client waiting time must be as brief as possible in emergency cases

Client Waiting time in the Emergency Room (ER) should be no more than 5 minutes. Client should be seen by hospital staff within 5 minutes upon arrival at the ER.

2.4

The hospital's in-patient services should have or maintain the following :

1.

In terms of Response Time

- ✍️ Attending Physician should visit the patient at least once in a 24 hour period as part of regular rounds
- ✍️ Resident Physician should respond to any eventuality within 1 hour
- ✍️ Nurse should respond to any eventuality within 5 minutes
- ✍️ Hospital Admitting staff should respond to any inquiries within 30 minutes
- ✍️ Hospital Billing for discharge purposes must be within one hour upon request of client

2.

In terms of average length of stay:

- ✍ For normal obstetrical delivery – 1 day

3.

In terms of infection control:

- ✍ Infection rate should be no more than 3.5% (based on WHO standards)

$$\text{Infection Rate} = \frac{\text{total no. of nosocomial cases}}{\text{total no. of admissions}}$$

4.

In terms of client/patient satisfaction:

- ✍ At least 80% of total number of patients surveyed are satisfied with the way they are treated in the hospital. This is one of the most important elements in providing quality services.
- ✍ The hospital can conduct a quick survey by randomly selecting 10 in-patients and 10 out-patients (interval of 5 sampling).

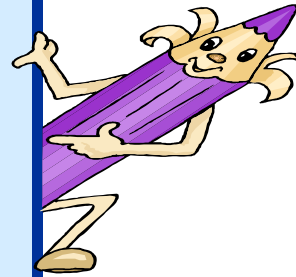
5.

In terms of client/patient education, the hospital should conduct counseling or patient education classes on the following:

- ✍ Nutrition
- ✍ Family Planning
- ✍ Breast Feeding
- ✍ Counseling for specific disease of patient (individual/group)
- ✍ Vaccine - Preventable Diseases
- ✍ Healthy life style: non-smoking, exercise, diet, breast screening/examination

The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility.

In the hospital, staff are expected to:



3.1

Greet the patient verbally as he/she arrives in order to establish rapport.

3.2

Exhibit technical competence in articulating information to patients by:

- ✍ Maintaining 2 way communication.
- ✍ Being a good listener.
- ✍ Being non-judgmental.
- ✍ Not giving false reassurances.
- ✍ Giving appropriate instructions to patients by explaining prescriptions clearly and correctly explaining laboratory results and facilitating follow-up of clients.

3.3

Be women-friendly by:

- ✍ Being courteous and avoiding gender slurs/insults and discriminating words against women.
- ✍ Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and survivors of abuse/violence.
- ✍ Maintain a women's desk at the emergency room and at the out-patient department.

3.4

Be caring and gender-sensitive by:

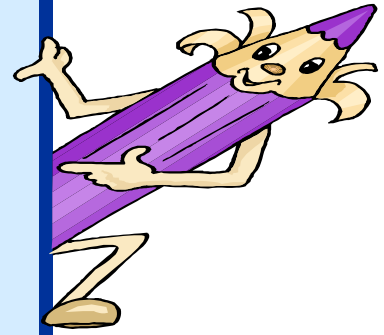
- ✍ Respecting patient's decision without compromising overall patient management.
- ✍ Assuring patient's privacy and confidentiality of given information at all times.
- ✍ Promptly responding to patient's request for care.
- ✍ Speaking politely and with modulated tone.

3.5

Be culture-sensitive by:

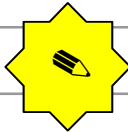
- ✍ Respecting patients' culture and religion. Meal provisions for patients with special needs.
- ✍ Providing for patients needs that are dictated by culture and religion.
- ✍ Offering choices/options to patients (towards any particular treatment modality)

The human resource component is one of the major determinants of quality service. It is crucial that an appropriate staff development program provide continuing education to the staff. They should include activities to ensure the mental and physical fitness of hospital staff. This will result in staff job satisfaction and ultimately reflects on how well the patients are treated/managed including appropriate/rational use of technology, diagnostic and treatment modalities.



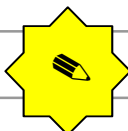
4.1

Under the overall staff development program of the hospital, there should be regular trainings/activities for the staff that may include:



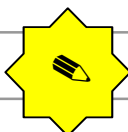
under Continuing Professional Education (CPE):

1. Staff meetings/conferences
2. Patients rounds
3. Grand rounds
4. Clinico-pathologic conferences (esp. Maternal Audits)
5. In-service examinations
6. Seminars/updates



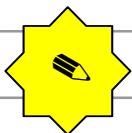
under Staff Mental Health Program:

1. Stress/Crisis Management Training
2. Patient-oriented Attitude Building Seminar
3. Behavioral Modification Seminar (ex. values formation, gender sensitivity)
4. Regular neuropsychiatric/psychological evaluation



under Sports and Physical Health Development Program:

1. Regular sports activities
2. Recreational activities



under Staff Orientation Program:

1. Entrance-to-duty Seminars
2. Regular health awareness program
3. Bio-safety and customer-friendly programs
4. Well-written job descriptions
5. Regular performance standards reviews
6. Team-building activities
7. Public health orientation

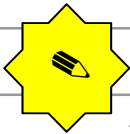
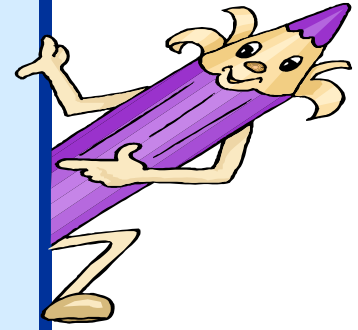
4.2

There should be regular “competency-based” assessments of staff to determine their technical proficiencies in performing their job.

4.3

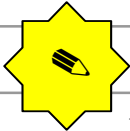
Hospital management should ensure that it regularly assesses job satisfaction of staff and also of patient satisfaction either through surveys/interviews.

The hospital should have the necessary functional clinical equipment in order to provide quality services. These equipment are included under the licensing requirements for hospitals to operate. However, over and above having the necessary requirements, the hospital should have the following conditions/items in place:



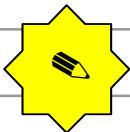
under physical plant:

1. Adequate shielding for x-ray equipment
2. With chemical safety cabinet



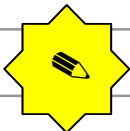
under manuals/records:

1. With operations manual for equipment
2. Presence of standard operating procedures (SOP) for examinations done
3. Presence of plan for preventive maintenance and repair of equipment
4. With updated inventory of equipment



under personnel:

1. Operators are qualified to use equipment
2. Continuous updating/upgrading of knowledge on equipment use and maintenance



under quality assessment:

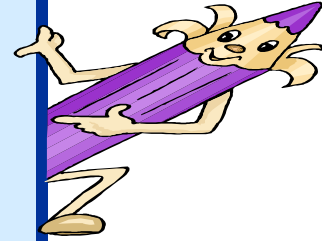
1. With standard quality control checks
2. With certificates of calibration
3. With external quality assessment of machine performance

5.1

The hospital should have the following at all times:

- ✓ Stethoscope, adult and pediatric
- ✓ Weighing scales-adult and infant (beam or Ming scale)
- ✓ Disposable gloves in examination rooms
- ✓ Speculums-large and small
- ✓ Lubrication-KY Jelly or clean water
- ✓ Disposable needles and syringes
- ✓ Sharps containers
- ✓ Microscope
- ✓ Slides and cover slips
- ✓ Sterilizer or covered pan and stove
- ✓ Tape measure
- ✓ Sphygmomanometer with adult and pediatric cuff
- ✓ Inventory of equipment and supplies
- ✓ Examination table with clean linen or paper
- ✓ Flashlight & batteries

Hospitals should have the essential drugs, medicines and supplies in order to provide good services. A hospital should have the following:



6.1

Available basic drugs for emergency, medical and surgical cases as stated in the DOH's *Hospital Pharmacy Management Manual (1994)*.

6.2

Available eight essential drugs:

1. Cotrimoxazole
2. Amoxicillin
3. INH
4. Rifampicin
5. Pyrazinamide
6. Paracetamol
7. ORS
8. Nifedipine

6.3

Affordable drugs (sold with a mark-up that is not more than 10% of the acquisition cost by the hospital).

6.4

Prescriptions and orders written in generics.

6.5

Available storage for drugs:

Drugs/medicines are kept off the floor and away from the walls. Protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) Kept in a safe place to ensure no pilferages.

**6.6**

Available basic supplies for emergency, medical and surgical cases, like:

- alcohol
- gauze/bandages/plaster or adhesive tape
- disposable gloves
- sutures
- disposable needles
- disposable syringes
- cotton
- slides and coverslips
- lubricant (KY Jelly) or clear water

**6.7**

With supply of disinfectants, antiseptics and insecticides.

**6.8**

Complete and updated inventory of stock, with stock cards and supply records.

**6.9**

Updated (within 6 months) and complete inventory of equipment.

**6.10**

With supply of clean linen.

7.1

As part of the hospital's health information system, the following are essential components to be in place:

1. A functional two-way referral system with procedures for on-referral/back-referral of clients and the necessary referral forms.
2. A surveillance system (if sentinel site) in place with appropriate actions taken (tumor registers, morbidity mortality reports).
3. Updated hospital statistical record/board.

7.2

Hospital records and reports are properly filled-up and filed for easy retrieval and reference.

8.1

In order to support the continuity of care at the community level, the following should be in place:

1. The hospital should be supported by an organized group of patient support groups or community health volunteers/workers as part of the health service delivery network. BHWs/CHWs should refer patients (and then follow-up) to higher levels of the health care system, e.g. barangay health stations, rural health units/health centers and hospitals
2. The hospital, in coordination with rural health units/health centers, should organize, whenever needed, outreach services to communities being served by the hospital (catchment). Outreach activities should only be in areas otherwise inaccessible to health workers or to regular health services. Outreach services should be limited to surgical and dental services.

1.

Infrastructure / Amenities

2.

Health Services

3.

Attitude & Behavior of Health Workers

4.

Health Human Resources

5.

Equipment

6.

Drugs, Medicines & Supplies

7.

Health Information System

8.

Community Intervention

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